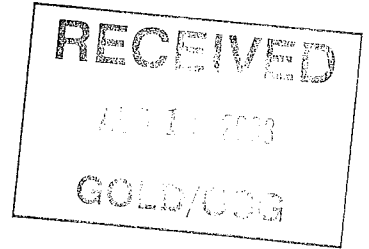


Final

**Completion Report**  
Local Government Projects  
Governor's Office for Local Development

Funding Program/HB#: \_\_\_\_\_

Project ID #: \_\_\_\_\_



Check one of the following:

- ☐ Local Government Economic Development Fund (LGEDF) Coal Severance Grant
- ☐ Line-item Project      ☐ Renaissance      ☐ Cemetery
- ☐ Body Armor      ☐ Area Development Fund (ADF)      ☒ Other

**Project Information**

Project Title: Improving the Continuity of Health Care in Rural Appalachia

Project Allocation: \$ 50,000.00

Total Actual Funds Received: \$ 12,500.00 <sup>as of 8/14/08</sup> Total Actual Funds Expended: \$ 50,013.13

County: Menifee ADD: Gateway

Type of Project (for example - construction, revitalization, purchase of land and equipment purchase, etc.):

The development of an EMB system @ the Community Family Clinic  
in partner with Menifee County Pharmacy and Morehead State University Dept of  
Start Date: 1-7-08 End Date: 6-30-08 Nursing

If Water or Sewer Project, check one of the following and provide WX # and/or SX#:

☐ Water WX#: \_\_\_\_\_ ☐ Sewer SX#: \_\_\_\_\_

Has final draw been made? ☐ Yes ☒ No

### Grantee Information

Legal Applicant / Funding Recipient (entity that will execute MOA): Community Family Clinic

Mailing Address: 784 Highway 36

City, State, Zip Code: Frenchburg Ky 40322 Office Phone: 606-768-9190

Office Fax: 606-768-9180 E-mail Address: cfcclinic@yahoo.com

Official's Name/Title: Dr. Taufik Kassis County: Menifee

### Sub-Recipient Information (If different from Grantee) N/A

Sub-recipient (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Close-Out Narrative

Provide a narrative of how the project was completed (REQUIRED).

The project was completed on 6/1 with all equipment up and running smoothly. Entering the data for all patients into the new system has proved time consuming. However, the abilities of the EMR has went beyond our original expectations. We are able to transmit prescriptions to pharmacies w/in 60 miles w/out difficulty. The ability to open up a client chart @ the hospital has greatly improved client care. The clients in the office have positively commented on the paperless prescription process and the charting system as a whole. Each provider has their own wireless lap-top, All charts have been converted to the new software, All new & old patients are being documented on through the new EMR. The office manager can send copies of charts to specialists almost immediately upon request. Reports received via email can automatically be placed in clients charts. This system also helps to regulate billing according to payers services to help the office follow all guidelines appropriately. The impact has been tremendously positive and more benefits are being Kentucky found weekly. Thank you for the opportunity to improve the healthcare of our clients.

### Completion Report

Date of Project Completion: 6/30/08

Were any designated funds left over? (check one) ☐ yes ☒ no

If yes, please list dollar amount: \$ \_\_\_\_\_

Explain why (REQUIRED):  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Any remaining funds must be returned to the Governor's Office for Local Development by check payable to the Kentucky State Treasurer.

### Checklist

Make sure to complete all relevant forms and mail to the Governor's Office for Local Development.

☒ Attachment A-Financial Report

☐ Attachment C-ADF Project Only

☒ Attachment B-Real Property

☐ Other financial reports, invoices, cancelled checks and relevant documentation.

### Signatures

It is hereby certified that all activities undertaken by the recipient with funds provided under the Memorandum of Agreement (MOA) have to the best of my knowledge been carried out in accordance with the MOA and Project Scope of Work, that all funds have been expended or returned to the Commonwealth of Kentucky and that every statement and amount set forth in this instrument is true and correct as of this date.

Name and Title of Chief Executive Officer: Dr. Taufik KASSIS

Signature: \_\_\_\_\_ Date: 7/30/08

Name and Title of Third Party Recipient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR GOLD USE ONLY:** This completion report is hereby approved. The MOA and all supporting documents required are received. All records for this project are required to be maintained for three (3) years from the date of completion.

GOLD Staff Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

GOLD Authorized Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment A: Financial Report

Please list all financial transactions of project (group like items together). Note: All attached forms are final pending completion and receipt of this financial report.

Payable	Amount	Purpose (equipment, supplies, etc.)
Medical Micro Solution	20,600.17	HARDWARE upgrades, New equipment purchases
MT. Telephone	558.06	Install Jack, wires for DSL for Software - 1 time charge
Employees of CF Clinic	3690.53	3 day Training for Employees of the clinic - etc closed x 3 days
e-MD'S	23,451.44	Software
e-MD'S	1255.62	Trainer Travel for 3 days & Phone/Internet training
Gateway EDI, INC	200.00	Website processing Support between the Clinic & Companies
Walmart	225.52	Hardware cable/wires/plugs for upgrade
Office Depot	31.79	Computer Modem
<b>Total</b>	<b>50,013.13</b>	

### Signature

Check below and sign to certify attachment of all final close-out documents (e.g. inspections, certification of occupancy, copies of information, permits, invoices, cancelled checks and receipts, etc.)

☒ All copies of final close out documents are attached.

☒ All copies of invoices and cancelled checks are attached.

Signature: \_\_\_\_\_

Date: 7/30/08

*T. Kassis*

**Attachment B: Real Property Acquisition**  
**Local Government Projects Completion Report**  
**Governor's Office for Local Development**

**Property Acquisition**

Did this project involve the acquisition of real property? (check one) ☐ yes ☒ no

If yes, a copy of the deed transferring title must be attached to the back of this form if not already on file at GOLD.

Please check to certify that a copy of the deed transferring title of any real property acquisition is attached:

☐ Copy of deed is attached.

☐ Copy of property survey, meets and bounds, etc. is attached.

---

**Attachment C: ADF Projects Only**  
**Local Government Projects Completion Report**  
**Governor's Office for Local Development**

**Please check the box or boxes that apply.**

☐

This project was advertised and bids were awarded **prior** to approval of Area Development Funds. Complete bid documents were submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

☐

This project was advertised and bids were awarded **after** approval of Area Development Funds. Complete bid documents were submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

☒

This project was advertised for bids and awarded **after** approval of Area Development Funds. Complete bid documents are attached and made part of this report.

☐

This project involved purchases of less than \$20,000, thus bid advertisement was not required. All invoices paid in whole or in part with Area Development are attached to and made a part of this report.

☐

This project involved purchases of less than \$20,000, thus bid advertisement was not required. Purchases were made prior to approval of Area Development Funds and invoices were submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

☐

This project involved acquisition of real property and a copy of the deed transferring title to the beneficiary agency is attached to and made part of this report.

☐

This project involved acquisition of real property and a copy of the deed transferring title to the beneficiary agency was submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

Office of State Grants • Governor's Office for Local Development  
1024 Capital Center Drive, Suite 340 • Frankfort, KY 40601  
Phone: 502-573-2382 • Toll Free: 800-346-5606 • Fax: 502-573-0175 • [www.gold.ky.gov](http://www.gold.ky.gov)



The Community Family Clinic (CFC) ran a bid advertisement for EMR software, training, hardware evaluation and updates. The add ran for 2 weeks in the regional and local newspapers (for free) and yielded zero bids. At that time the CFC started to actively seek the appropriate companies for the above needs. Please see the add below.

The Community Family Clinic of Frenchburg, Kentucky (CFC) is actively seeking bid opportunities for the purchase, training and implementation of electronic medical record software for a small rural office. The CFC is also seeking a hardware specialist for the evaluation an implementation of a new hardware system to run with the EMR software. All applicants should submit their bid via fax to 606-768-9180.

**e-Prescribing Partnership Grant  
Quarterly Progress Report  
Addendum to GOLD Report**

Please indicate progress on project completion:

Step	Check if Started	Est. Date of Completion	Check if Completed	Date Completed
Vendor selected and contract signed			✓	4/2/08
Purchase hardware and software			✓	5/13/08
Install hardware and software			✓	5/13/08
Training users			✓	5/15/08
Production use (electronic prescriptions sent and processed)			✓	5/21/08
Sustain use, process improvement			✓	6/1/08

Please answer the following questions in narrative format:

1. Please provide a description of activities to date, including:

- Challenges and/or opportunities that have arisen during grant implementation.

- Any changes to your project plan and reasons for those changes.

- Your evaluation of progress to date and any results you have observed.

2. Are you experiencing any procedural or process issues? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are your plans to address the issues?





3. Are you experiencing any technical problems or issues? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are your plans to address the problems?

4. Have you been able to incorporate eKASPER to date or have you increased your use of eKASPER to date? Yes \_\_\_\_\_ No X

If so how?

Date Report Completed:

8/13/08

Person Completing Report (Print):

Amy Brown MSW RN

Signature:

ABW

Title:

Assistant Professor of Nursing at Morehead State University



e-Prescribing Partnership Grant II Completion Report Addendum to GOLD Report

Narrative Piece

1. Challenges and/or opportunities that have arisen during the grant implementation.

The most exciting opportunity that has arisen for the Community Family Clinic has been the ability to email prescriptions to pharmacies up to 60 miles away. The options that the EMR software has provided the office has been surreal. We now can easily chart assessments and update client data, half the time it usually had taken.

Any changes to your project plan and reasons for those changes.

We added a billing specialist and purchased the billing component of the software. Originally we did not intend to do that so quickly but the software was very easy to use and the results have been overwhelmingly positive for our office.

Your evaluation of progress to date and any results you have observed.

The progress has been tremendously positive. To date we have not had one error occur with a single transmission to any pharmacy. The system is truly paperless and allows such better access to client information from many locations. The patients have also commented on the niceness of no prescription to drop-off. The local pharmacist stated it has also allowed him to better serve his customers and has freed up more time for consulting/educating some needful customers.

2. Are you experiencing any procedural or process issues? If so, what are your plans to address the issue.

As of right now, the only issue is time. When a client comes to the office from the first visit since their chart has been scanned we have to ask a series of questions, put in their medications etc. This takes time and can sometimes bog down the flow of the office. There is not much we can do about this. It is better now because most of our client's have been through this process and only the new patients are going through it.

3. Are you experiencing any technical problems or issues? If so, what are your plans to address the problems.

Since the updating of the new hardware, adding new phone lines, fax lines and DSL we have had no technical problems or issues.